	7	FC				DEPAR		E OF MARYLAND EALTH AND MENTAL	HYGIEÑZ ; Q	2 0	0 2	9
	1	- ST	TATE EGISTRAR					ICATE OF DEATH		6. NO.	0 2	
		DECEA TYPE OR P	SED NAME	FIRST	A	MIDDLE		AST	20. DATE OF DEAT		DAY YEAR	26 HOUR
3 75			LI	NCOLN	(3.	BA	IRD	aus	V 8, 1	979	220.
()		SEX		4	RACE	The same	5. DATE C		6 AGE (IN YEARS LE	BIRTHDAY)	MONTHS DAYS	IF UNDER 24 I
6 85	L		ale		White		6	10 1909		70 YRS	2	TIOOKS M
4 44	0	BIRTH	IPLACE (STATE OR FO	REIGN 71		WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	BALTIMORE CIT	Y OR COUNTY	OF DEATH	
8 3 G	$\neq 1$	-	mont OR TOWN OF DEA		USA	-	WIDOWE	D DIVORCED	U 04220	ll Co.		
The day	1				(# NOT IN SUC	H FACILITY, GIVE STR	EET ADDRESS)		(TYPE OF WORK FOR ME	OST OF WORKING LIF	.,	BUSINESS
1 12 (4			minster			L Co. Ge		spital	Toolmake	r	B&D	
4 PH 10	5	_	ESIDENCE (IF NURS)	13b. COUNT	Y			138. INSIDE CITY LIMIT	S? 13e STREET ADDRE	SS		
1 14 4	4		Md.	Balt	0	Upperco)	YES NO	Box 256	Trenton	n Road	
1 報 /	11		FIRST	MI	DDLE	Baird		FIRST	MIDD	LE 1	I.Th and I am	
\$ \$ \(\frac{1}{2} \)	4		Vernon DECEASED EVER	NUS ARM	ED FORCES?	166 SOCIAL SE	-	17 INFORMANT	AI	DRESS	Wheeler	
and of the same	24	{YES, N		(IF YES, GIVE W		216-07			F. Baird,	Inn erco	Md	
9 55 9	ŀ	-	CAUSE OF DEATH	1.5				III D. GIACE	Ele Dalla,	opperco		AATE INTERVAL
signed by the substitution of the substitution		PA	nderlying cause	last	(Ic)	R AS A CONSEC		NOT RELATED TO THE	ferminal disease or c	ONDITION GIV	EN IN PART 110	1
the low red that been permit Th ene prior to pays any in	2	CERTIFICATION	DATE OF OPERAT	ION	196. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES (GS USED OF DEATH?
CIAN TO PAYOR OF PAYOR WAS PAYOR WAS PAYOR OF TOTAL OF TO	1	0.0	ACCIDENT WAS UND	AUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF	INJURY IN ITEM 18, P	ART 1 OR PART 2}	
和 名 平 5 多 年	- 1	¥ 1	INJURY OCCURR	ED	21e PLACE	OF INTUINY						
offered and the but and M	-	¥	WORK NOT WH		(AT HOME, STR	REET, FACTORY, OFFIC	CE, FARM_ETC.)	21f. LOCATION STREET	CITYO	RTOWN	COUNTY	STATE
ATTENDING PHY spaled or otherstall CTOR: After the 3 fer use on the ba- c of Health and M 121 is marked or		220	NOT WHE NOT WHEN AT WORK I certify that (1) saw the decease above, (1) (we) (decease)	(this haspita	(AT HOME, STR	e deceased from	79,01	street, 19, 19, and that in (my) (aur) api	city o	8,	19 79 , to	hat (I) (we) auses stated
TAL OR ATTENDING PHYTY OF THE hospital or attending to the hospital or attending the character of the charac		22d	saw the decease abave, (I) (we) (d)	(this haspita d alive an id) (dd at)	(AT HOME, STR	e deceased from	79,01	nd that in (my) (aur) api DEGREE	g , to aug	8,	19_79_,1	hat (I) (we) auses stated
		22d	CHILE NOT WHAT WO! A. I certify that (1) saw the decease abave, (1) (we) (d) b. SIGNATURE	(this haspita d alive an id) (dd act)	(AT HOME, STR	e deceased from	79,01	od that in (my) (aur) api	g , to aug	ne date and hau	19 79 , to	hat (I) (we) auses stated
HAL SAL SAL Hotel		22d	CHILE NOT WE AT WO! 1. I certify that (I) Saw the decease above, (I) (we) (d) 3. SIGNATURE 4. PHYSICIAN'S NA	(this haspital dalive an id) (did at)	(AT HOME, STR II) attended the view the bedy PRINT) 236 DATE	e deceased from	79	nd that in (my) (aur) api DEGREE	MEDICAL N DIRECTOR PH	ne date and hau	19 79 , to	hat (I) (we) auses stated
		220 220 220 220 220 Bu	CHILE NOT WE AT WO! 1. I certify that (I) Saw the decease above, (I) (we) (d) 3. SIGNATURE 4. PHYSICIAN'S NA	(this haspital dalive an id) (did at)	(AT HOME, STR	e deceased from	LUD.	DEGREE ATTENDIN PHYSICIA 22e ADDRESS EMETERY OR CREMATO eme tery	inian death accurred antifolian death accurred antifolian in a phase of the control of the contr	staff YSICIAN B	19 79 tr and from the c	hat (I) (we) auses state SIGNED

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STATE OF MARYLAND

FOR

iberty Road Randallstown, Md. 21133

(VR A 15 (4))

HER BERT STANTAGE OF STANTAGE THE REPORT OF THE PARTY OF THE The state of the s

FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH MONTH 26 HOUR 5:30a, August 12, 1979 IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY -HUUSEWIR 130 STREET ADDRESS 4039 Old Hanover Road 4039 OLD 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO IT 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE

, and that in (my) (sor) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

8-13-79

EASANT VALLEY CARPULL 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

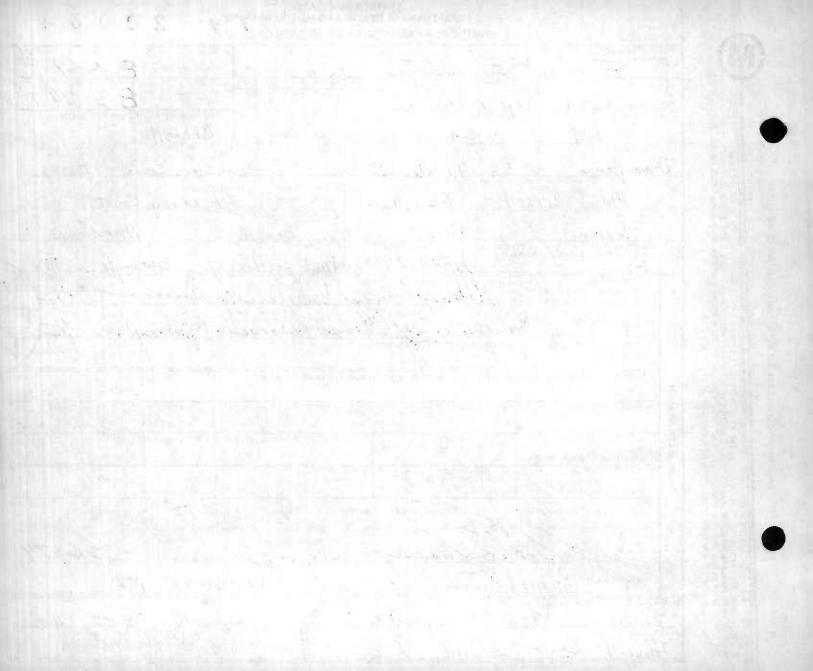
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		STATE OF M	ARYLAND		
1	FOR - STATE		AND MENTAL HYGIENE	200	3 3
	REGISTRAR	MEDICAL EXAMINER'S C		REG. NO.	
0	DECEASED NAME FIRST		2a. DAT	ESTI-	DAY HAI TO HOO
3. S	Fla Cououx	ev. De mille Bemi	all	TH MATED X 0 3	187 4 DM
3. 3	4. RACE S. DATE O	DAY YEAR LAST BIRTHDAY) MONTH		DUNCED	70 70 70
7.	BIRTHPLACE (STATE OR 76 CITIZ)	N 18 1904 7.5 YRS. EN OF WHAT COUNTRY?		AD &	18/90 PM
	FOREIGN COUNTRY)	MARRIE	D NEVER MARRIED	IMORE CITY OR COUNTY	OF DEATH
10	CITY OR TOWN OF DEATH	E OF HOSPITAL, NURSING HOME, OR OTHE	ED ONORCED DIVORCED DISTANCE	CUPATION (TYPE OF WORK 12h	b. KIND OF BUSINESS
A		IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF W	VORKING LIFE)	OR INDUSTRY
US	UAL RESIDENCE (IF IN NURSING HOME OR OTHER INS	TITUTION GIVE PESIDENCE REFORE ADMISSIONI	HOUS	EWURKT	FOUSE WIFE
	STATE 136 COUNTY	13c. CITY OR TOWN	13d INSIDE CITY LIMITS? 130 STREET ADD	RESS	T. ,D.
4	FATHER'S NAME	OLL WESTMINSTE	YES U NO LY 393	5 9LITTLES	IOWN IKE
1	FIRST MIDDLE	C LAST	15. MOTHER'S MAIDEN NAME	MIDDLE	LAST
1 160	WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS I	ARTMAN
4	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATE		L/N C17	BUARRES VA.	24302 De
1	THE CAUSE OF DEATH IS		MINS SHNOKA K	GER 1119M	APPROMINATE INTERVAL
	18 CAUSE OF DEATH (Enter only one coust PART I DEATH WAS CAUSED BY:	se per line far (a) (b), and (c).)	To Take	4	HETWIN ONSET AND DEATH
	CILLY IMMEDIATE CAUSE	ETO, OR AS A CONSEQUENCE OF	acio Tu vigures		leymen
	Candifians, if any, which	the training	La Aut Quel	1	Tours and
	gave rise to immediate cause (a) stating the under-	E TO, OR AS A CONSEQUENCE OF	40 Hand Mouse		ev mous
	lying cause last.	,			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	COLUMN TO THE TERMINAL DISEASE TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1 (a)		
Z					
Ī	190. DATE OF OPERATION 199	CONDITION FOR WHICH OPERATION WA	AS PERFORMED?		20. AUTOPSY?
I E					YES NO
CERTIFICATION	210 EXTERNAL CAUSE WAS 216	TIME OF INJURY	W INJURY OCCURRED LENTER NATURE OF	INJURY IN ITEM 18 PART 1 OR PART 2	
N N	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	OUR A.M. MONTH DAY YEAR P.M. 19			
MEDICAL	21d. INJURY OCCURRED 21d	PLACE OF INJURY (AT HOME, 211. LOC			
2	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	REET CITY OR	TOWN COUNT	TY STATE
	22s I certify that I took charge of the re-	mains described above, heldon Autopsy	y . Inspection Inqui	DX	
	death resulted from Beharal courses	Autops)	y , Inspection Inqui		an
	1	Suicide	TITLE (STECIFY)	monner	/
	SIGNATURE CELOS	Denes "	D. MEDICAL EX.	DATE	3 Lug 79
7			MEDICAL EX	Md. 2115	51 1
-	EXAMINER'S NAME Richard A	. Jones M.D.	ADDRESS Carroll County	1 Hospital Wes	stolinster.
23a.	BURIAL, CREMATION, REMOVAL 236. DATE	1929 23c. NAME OF CEMETERY OR	NO MEDIO		STATE
	BURIAL AUG	.6" ST. MARY	SCEMETERY SI	LUER CAI	RROLL MD.
24.	FUNERAL DIRECTOR	Laterty-	P 250. DAJE REC'D. BY REGIST	RAR 256. REC STRAR'S SIG	NATURE 1
		ADDRESS ALL S	- V - V - V - V - V - V - V - V - V - V	3 1 1 1 1	
1	whand hetale &:	/ _ A / _ /	340 All 09 1979	9 Fintay be	Break

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	-			STATE OF MARYLAND
			OR TATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 0 0 3 4
		F	EGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
MI)	1.		EASED NAME FIRST	MIDDLE ALL CONTROL OF ESTI-
2			to ely 1	U Elizabeth (aplan) DEATH MATED 1 8 2 129 9
D, WITHIN 72 HOUN	3.	SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS V DAYS HOURS MIN PRONOUNCED
Z		Fe	nale White	Sept. 4, 1913 GSYRS. HOURS MIN PRONOUNCED DEAD B 2 1979
AL RECORDS, 301 W. PRESTON ST	1	a. BIF	THPLACE (STATE OR EIGH COUNTRY)	76. CITIZEN OPWHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
J	0		Md.	U. S. A. WIDOWED DIVORCED CARPOLL . MD.
301 W	9 11	0 CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
	4		Howentown	52 Middle St Book Store Sales Books
RECORDS,	113	SUA 30. ST	RESIDENTCE (IF IN NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
REC	35		Md. CA	eroll Truesenteurs YES & NO 1 5-31 Orise Court
OF VITAL	1	4 FA	THER'S NAME	MIDDLE LAST FIRST MIDDLE LAST
	30		Vernon	DUVALL BESSIE HARRISON
DIVISION	1 10	6a. W	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
	"L		No -	1,222 12 9036 PAUL LEATHERMAN, THEODERICON Md.
			18. CAUSE OF DEATH (Enter on	
HYGIENE, D			PART I DEATH WAS CAUSED	TE CAUSE (a) MUSEL evalue was olaced and
			4292	DUE TO, OR AS A CONSEQUENCE OF
ALT		5	Conditions, if ony, which gove rise to immediate	Legisleeteld Chrone Obstructer Manager 15
STATE DEPARTMENT OF HEALTH AND MENTAL HY 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAI			couse (a) stating the under- lying couse last.	DUE TIO, OR AS A CONSEQUENCE OF
O,			Tyring Couse last.	(10)
5			PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
6		MEDICAL CERTIFICATION		
;	2	3	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY?
4	ol,	T.E.		YES NO V
	3	<u> </u>	210. EXTERNAL CAUSE WAS	216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR
2		3	CONTRIBUTING CAUSE OF D	
2		AE I	21d, INJURY OCCURRED	216 PLACE OF INJURY (ATHOME, 211. LOCATION STREET CITY OF TOWN COUNTY STATE
			WHILE NOT WHILE C	
77				n of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
AND			death regitted from. Natus	Suicide . Momicide . Undetermined monner .
RYL			1 2/	TITLE (SPECIFY)
MA			ACTUAL SIGNATURE	M DI MEDICAL EXAMINER SIGNED TANGE 79
ORE	2		P.	
AFTER DEATH, WITH THE S BALTIMORE, MARYLAND, 2	_		EXAMINER'S NAME (TYPE OR PRINT)	AHLD LONES DOBESS Westmirster, Md.
AFI	23	3a. BU	RIAL, CREMATION, REMOVAL	CITY OF TOWN
		7	Sivrial	8-5-79 Sorgield Century Sylvaille Creek will
7	13		NERAL DIRECTOR	Dot Date REC'D. BY REGISTRAR BEGISTRAR'S SIGNATURE
5))		7	hour TI) Unist	L Joseph MAUG 0 8 1979

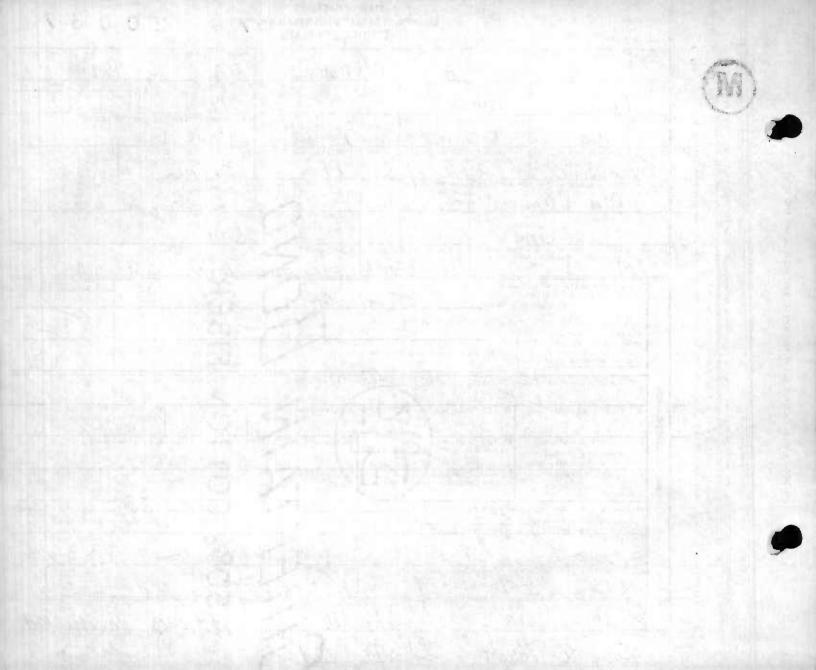


			STATE OF MARYLAND	
M	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	20035
Table 1	1 00		REG. MIDDLE LAST 20 DATE OF DEATH	
de .	(TYPE	OR PRINT) GEORG	12. DATE OF BEATT	MONTH DAY YEAR 26. HOUR 2153 M
pog er de	3. SE	9	RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST B	
ector, rs afte		MALE	White April 4. 1893 86	MONTHS DAYS HOURS MIN
Poor Poor		RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY? IS 9. BALTIMORE CITY	OR COUNTY OF DEATH
ot on 72		England	U. S. A. WIDOWED DIVORCED CARRO	II MD.
atified	10. CI	TY OR OWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPA (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST	
dyu	W	estminster	CARROLL Co. Hospital Enginee	
St be	13a. S	AL RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	0 1 1:1
\$2.0	14 5 4	THER'S NAME	Loll Westminster YES NO M 3607	Dewberry Circle
owin.	14 FA	FIRST MI	DDIF LAST FIRST MIDDLE	LAST
»Dla	IAn V	VAS DECEASED EVER IN U.S. ARM	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADD	RESS
ledicol		ES, NO OR UNKNOWN) (IF YES, GIVE V	AR OR DATES)	stminster, Md.
the m		No -		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ent, t		PART I. DEATH WAS CAUSED		DAVS
bang		1101 - IMMEDIATE	CAUSE (o)	
ave car	7	706	DUE TO, OR AS A CONSEQUENCE OF	
emotion, er troum		Conditions, if any, which gave rise to immediate	(b)	
ial, cren		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
ō		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(n)
njury,	N O		Paget Derease	
any	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
	TIFIC		YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
8 3 G	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF IN	TURY IN ITEM 18, PART 1 OR PART 2
or Hem 18 shows	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19	
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 21f. LOCATION STREET CITY OR T	OWN COUNTY STATE
orked	2	AT WORK AT WORK	,	/
is mo	7	220 I certify that (I) (this hospital		117, 1979, that (I) (we) last
21	13	sow the deceased alive an obove, (I) (we) (did) (did not)	view the body after death.	date and hour and from the couses stated
f her		226. SIGNATURE	DEGREE	22c. DATE SIGNED
in	13	Vancent	PHYSICIAN DIRECTOR PHYS	AFF ICIAN [8/17/79
RTANT: #		224 PHYSICIAN'S NAME (TYPE OR	720 ADDRESS	
8		Vincent c	1. Flaceo Westminster, Ma	
3 3	23a E	BURIAL, CREMATION, REMOVAL	236 DATE 231, NAME OF CEMETERY OR CREMATORY 234, LOCATION CITY OR TOWN	COUNTY STATE
	0	remotion	8-18-79 Sewit Peress Curating Ball	mira Md.
7/77	24. FI	INERAL DIRECTOR	ADDRESS 250 AUGREDOSY 1999 GA	R 256. 15515 PARS THE WARES day
	1	Larry W. Hay	t sykisville. Mid.	

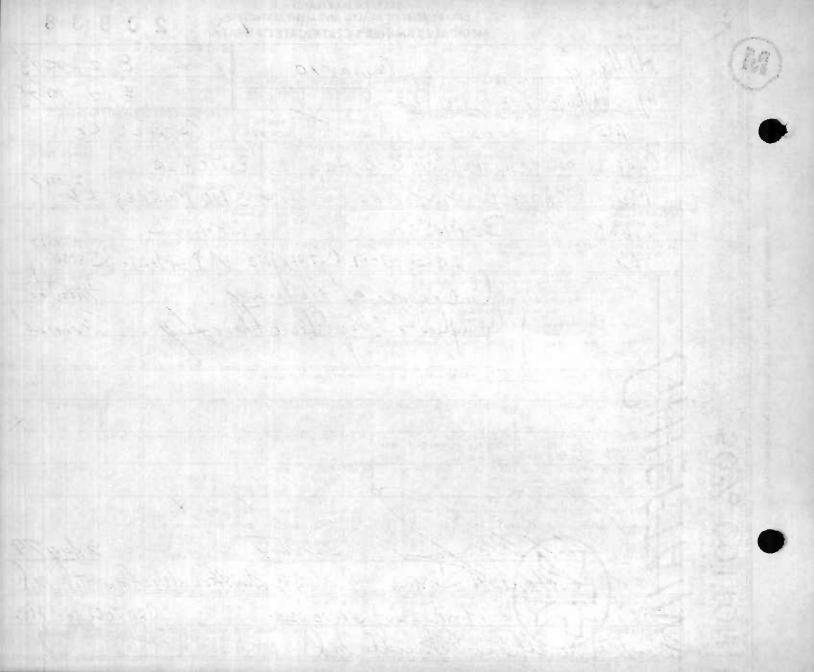
E C C O S T P WE EXTE pation and an arrangement The state of the s Shikat U.S.A. Distribution of Contract Contract Contract Expenses In Contract Mil Deepert Designation I at Sich Beworky Cook And Vincent 127 France Park Westernstee Mich Companies of Fire 24 Stands Local Consideration of the Stands of the Sta The state of the Thirty

				STATE OF MARYLAND		
	1.	FOR - STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	GIEVE 9 2 (0 3 6
(M)		CEASED NAME PIRST	man Thomas	Condon, Sr.	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR 10 Am
1	3 SE		1 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
None and		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTE		9 BALTIMORE CITY OR COUN	TY OF DEATH
:30		Maryland	U. S.	WIDOWED DIVORCED		ounty. MD.
190	10 C	n anchester	(IF OT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Supt. Text	126. KIND OF BUSINESS OR INDUSTRY
126	USU 13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER HALLITATION A SIVE RESIDENCE BE	ORE ADMISSION) 136 INSIDE CITY LIMITS?	13e STREET ADDRESS	
500	-	ATHER'S NAME	rroll New 1	VindsorYES NO X	1314 Wakefie	eld Valley Rd.
Dla		John -	- CoM	low Effice	MIDDIE	CAHERTO,
lo /	16a V		VE WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRESS Y	www.ser , mo.
the a	-	18 CAUSE OF DEATH Enter a	anly one cause per line for (a), (b),		1314 We	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event		PART I. DEATH WAS CAUSI	ATE CAUSE (a) - Cine	longel Vascular	accident	2 mel
umotic		Canditions, if any, which	DUE TO, OR AS A CONSEC	DUENCE OF ante	mor former	2000
or other froum		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	DUENCE OF		-
njury, or	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART TO
ony in	CERTIFICATION	190 DATE OF OPERATION	19h ONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF Y	ES, WERE FINDINGS USED
Shows	MTE.			1	YES NO P	TIFYING CAUSES OF DEATH? YES NO NO
8 9		21a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	EATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18	3 PART 1 OR PART 2)
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211 LOCATION	CITY OR TOWN	COUNTY STATE
marked		AT WORK — AT WORK —	pital) attended the deceased from			. 1979 , that (try/we) last
E 2			nat) view the bady after death.	/	death occurred an the date and h	
T. If Hem		226. SIGNATURE	Francis	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	S/2/79
RIAN	1	224 PHYSICIAN'S NAME TYPE	OR PRINT)	220 ADDRESS 25	N. Mais	1
IMPORTANT: #	73a F	BURIAL, CREMATION, REMOVAL	1 23b. DATE 22	NAME OF CEMETERY OR CREMATORY	23d LOCATION	21103
	(SPECIFY: Burial	8/24/1979	Pipe Creek Cem.	Carroll &	pnty Md.
/75	24. F	UNE AL DIRECTOR	ADDRESS	25a. DA	TE REC'D. BY REGISTRAR 2	toy the Cultingerty
	-	ax x man	NE	UA GM SOZONIU &	Q ~ = 1010	

C E I O S The world and the state of the A Design that you In weiter Mathemat fill a government formit fraftrat K



w			STATE OF MARYLAND	
-	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 3 8
		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF BEATH	
	I. DE	CEASED NAME FIRST		ONTH DAY YEAR IN HOU
		MOHONU	Demav 10 DEATH MATED [8 2107973
	3. SE.	4. RACE S. D	DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MC	ONTH DAY HAT MALOU
	13	M WALLITE 1	PRONOUNCED DEAD DEAD	2 79 79
10		RTHPLACE (STATE OR 76.	CITIZEN OF WHAT COUNTRY	OUNTY OF DEATH
5		PREIGN COUNTY D.	U. S. A. WIDOWED DIVORCED CARRO C	L CO. MD
1	10. C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF W. (1/4, NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	
-		CARROLL CO.	CARROLL CO. GEN. HOSP. BUTCHER	
e	USU. 13a. S	AL RESIDENCE (IF IN NURSING HOME OR OTH TATE 13b COUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 LINSIDE (ITY LIMITS? 13e. STREET ADDRESS)	21048
2		MID. CARA	ROLL FINKSBURG YES NO BY 3410 MURRIS	Y RD.
,	14. F.	ATHER'S NAME	DDLE 15. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
K		JACK	DEPARIO UNKNOWN	100
1	16a. \	VAS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	21048
-		No	218-05-2051 CATHERINE V. DEMARI	· SAME.
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Eline Funeral Home, Hampstead, Md. 21074

FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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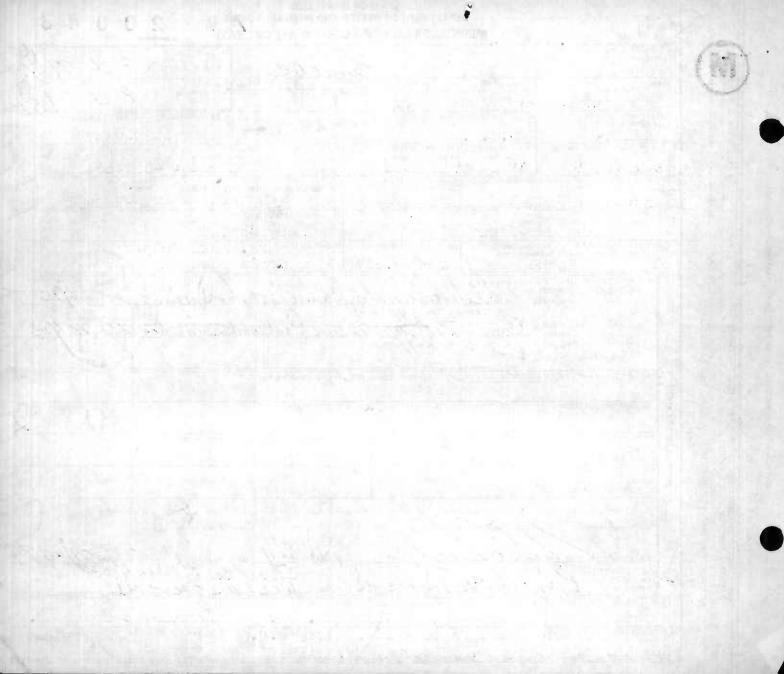
STATE OF MARYLAND

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STATE OF MARYLAND

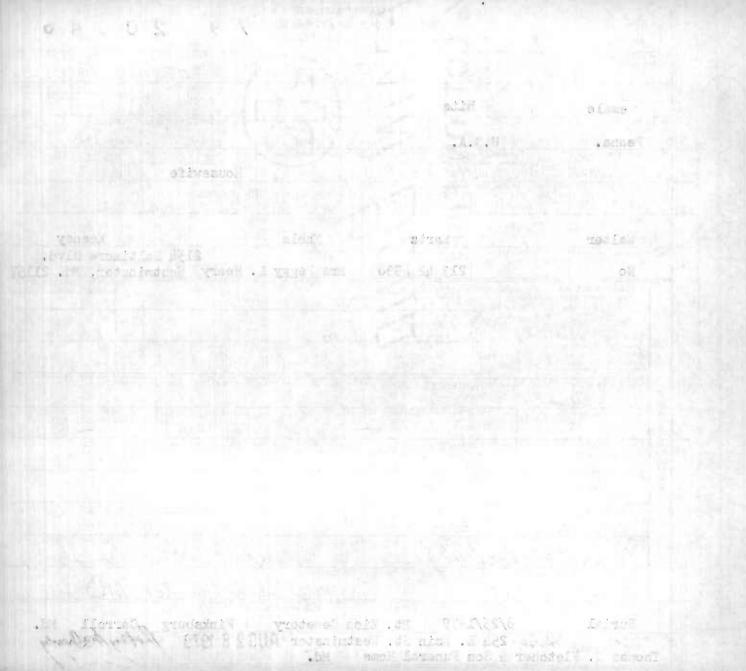


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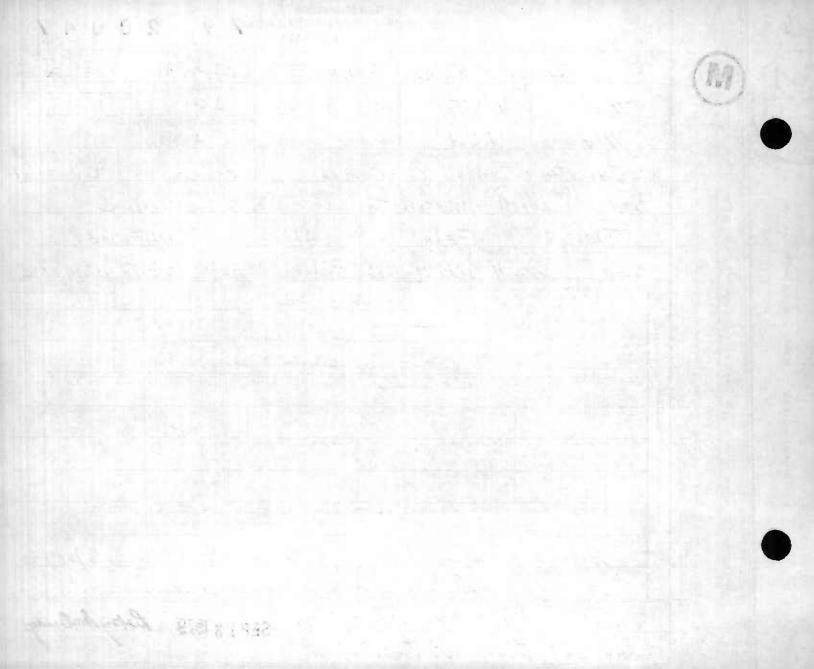
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		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND A CERTIFICATE OF D	DEATH REG. NO.	0 0 4 7
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TO FUN should be with the IMPORT.	23o.	BURIAL, CREMATION, REMOVA	1077011117	CREMATORY 23d LOCATION CITY OR TOWN	For Maleuda
MH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR	The low Maphress A. Mass		TRAIS SIGNATURE



		FOR		DEPARTMENT OF H	EALTH AND MENTA	L HYGIENE	0 0 0 4 0
1.7		STATE REGISTRAR		MEDICAL EXAMINE	ER'S CERTIFICATE	OF DEATH .	2 0 0 4 0
	I. DE	EASED NAME FIRST		WIDDLE	C LAST	20. DATE KNO	WN MONTH DAY YEAR
	(TYP)	TRET	7 150	-	Contillar	OF ES	
3	S. SEX		5. DATE O			DER 24 HRS. 2c. DATE	MONTH DAY YEAR
	20	male White	MONTH	15 1899 79 YEAR	MONTH DATS HOURS	MIN. PRONOUNCED	8 11 ,079 5
1	7a. BI	RTHPLACE (STATE OR	7b. CITIZE	N OF WHAT COUNTRY?	8 -	- 9 BALTIMORE	CITY OR COUNTY OF DEATH
\triangleleft	FO	REIGN COUNTRY)	1		MARRIED NEVER MA	RRIED U	2 2 11
7	10. CI	TY OR TOWN OF DEATH	II. NAME	OF HOSPITAL, NURSING HOME,		12a. USUAL OCCUPATIO	ON (TYPE OF WORK 12b. KIND OF BUSINESS
9	1.	lastana tea	(IF NOT	IN SUCH FACILITY, GIVE STREET ADDRESS)	3	FOR MOST OF WORKING L	IFE) OR INDUSTRY
1	USUA	ES MINS/ER	OR OTHER INSTI	TUTION, GIVE RESIDENCE BEFORE ADMISSION	77 NI	HOUSEKE	EPER HOME
d	3a. S	ATE 136 COUP	VTY	13c CITY OR TOWN	13d. INSIDE CITY LIMITS	m 1 11 1 1 1 1	, _
4	14 54	Md CAR	ROW	11/05/21/23/	ER YES WO	- 1 1 1 1 - 21	MAITT
	14. FA	THER'S NAME	MIDDLE	LAST	IS MOTHER'S MA	IDEN NAME MIDDLE	~ / /
4	_	John W		ChEnoweth		AllE	+9/ENAR!
	16a. V		WAR OR DATES				DDREST TO MIL
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1		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	nly ane cause	per line ar (a), (b), and (c)	1.12 11	/	APPROXIMATE INTERVA
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		4292		TO, OR AS A CONSEQUENCE O	Fil 7 -	0 0	11
н		Canditions, if any, which gave rise to immediate	Col	Welveted 341	49 Ler Leucen	e Cardo ku	logalles 4vs
		cause (a) stating the <u>under</u> lying cause last.	DUE	TO, OR ASTA CONSEQUENCE OF	F//_/	/	12
П		lying cause last.	((Landia	Arrest	1	14/erning
	7	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).	0 1
4	CERTIFICATION	19a. DATE OF OPERATION	1101	CONDITION FOR WHICH OPERA	TIONI WAS DEPLOPMEND.		
1	FICA	THE DATE OF OPERATION	170.	CONDITION FOR WHICH OPERA	THON WAS PERFORMED?		20. AUTOPSY?
4	RTI	210 EXTERNAL CAUSE WAS	211	The of hungy			YES NO
		UNDERLYING OR		TIME OF INJURY DUR A.M. MONTH DAY YEAR	ZIC HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
	MEDICAL	CONTRIBUTING CAUSE OF		P.M. 19			
1	MED	21d. INJURY OCCURRED WHILE ON NOT WHILE OF		PLACE OF INJURY (AT HOME, IREET, FACTORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STAI
ı		WHILE NOT WHILE (
1			ge of the Re	nains described above Iseld on	Autapsy , Inspec	tion , Inquiry	and in my apinian
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		1 /	-	////	TITLE SPECIFY	Onderermined manner	
		ACTUAL CO	laca	We duce	- Jasus	4	DATE 12 Lug 7
7	Н	SIGNATURE		1		MEDICAL EXAMINER	SIGNED
1		EXAMINER'S NAME (TYPE OR PRINT)			ADDRESS		/
1	230 BL	RIAL CREMATION REMOVAL	23b. DATE	73/ NAME OF CEM	ADDRESS	23d. LOCATION	
1	15	PECIFY)	8-14-	ho 11 1 - 4 .	4-	CITY OR TOWN	ten CARRALL STATE
1	24. FU	SIRIA INERAL DIRECTOR	11	17 WESMIN	71	100	ER CARROLL FIND
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STATE OF MARYLAND

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1.		o in it or i	MARYLAND			
	FOR STATE REGISTRAR	DEPARTMENT OF HEALTI CERTIFICAT	H AND MENTAL HYGIEN	7 9 REG. NO	2004	9
1. DE	CEASED NAME FIRST	MIDDLE	Žo			h HOUR
	Joh		RMATT	dug 4	1979	0450 M
3. SE	MALE	4. RACE S. DATE OF BIRT	DAY YEAR	AGE IIN YEARS LAST BIRTHI		HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	1161	NEVER MARRIED L		COUNTY OF DEATH	
₹ 10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTH		USUAL OCCUPATIO		BUSINESS OR
E D L	lest minster	CARROLL GO. GenG	.)	RESIDISH	WORKING LIFE INDUSTRY ER FURT	n
	STATE 136 COU	RROLL Westminster YES	NO [STREET ADDRESS	st GREEZ	
exomine 14 FA	ATHER'S NAME FIRST CLARIE	MIDDLE HAST 15. M	OTHER'S MAIDEN NAME	MIDDLE	wilhide	
0 a 16c V	WAS DECEASED EVER IN U.S. AI	/E WAR OR DATES)	NFORMANT	ADDRES	35 + > 2	t- 2
the me	YES I W	16-01-6377 7	MARY A. HA	RMAN	1/03/m/ns/	En, Mo
ent, t	PART I. DEATH WAS CAUS		Edramon		BETWEEN ON	ATE INTERVAL
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omno.	Conditions, if any, which	(b) Careno	- of the le	my		
other tr	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	0			
		(c)		U DISEASE OR COND	ITION GIVEN IN PART 1(a)	
γ, οι	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINA	AL DISEASE OR COND	THOR OTTER WITH ART THE	
	0	atherockette Hes	T Desease	/	describe in	C HOED
FICATION	PART 2. OTHER SIGNIFICANT C 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH BUT NOT THE SCHOOL HER STEEL HER 196 CONDITION FOR WHICH OPERATION WA	T Desease	20a AUTOPSY?	206. IF YES, WERE FINDING IN CERTIFYING CAUSES O	F DEATH?
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	198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE THER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.I certify that (I) (this hosp	19b CONDITION FOR WHICH OPERATION WA 19b CONDITION FOR WHICH OPERATION WA 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. Wittended the deceased from	S PERFORMED HOW INJURY OCCURRED LOCATION STREET 3 19 79	20a AUTOPSY? YES NO CENTER NATURE OF INJURY CITY OR TOWN	200. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES (IN ITEM 18, PART 1 OR PART 2) N COUNTY	STATE
CERTIFICATION	198 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING LIFETHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 270. I certify that (I) (this hasp saw the deceased alive of obove, (I) (we) (did) (dud)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 19 Ond the deceased from 19 29 ond the optiview the body after death.	A Decease AS PERFORMED HOW INJURY OCCURRED LOCATION STREET 19 79 t in (my) (our) opinion dea	20a AUTOPSY? YES NO CENTER NATURE OF INJURY CITY OR TOWN	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES (IN ITEM 18, PART 1 OR PART 2) N COUNTY 19 7 , the and hour and from the co	STATE ST
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Dely Henry Hadman Little Line MAKE LUNITE STORES 1971 LES Menny State of the West-water Canal Contract Secretary Second myd Barnall Mern when I was East Garran CHARLES HARRAY CARRIE WOLKER YES - LEWIN - All - 21-6577 TUNEY A HORMAS - LECETHON FOR BUT Lucial 15-6-24 57 James Westmanton Deep all Year CORD RECET IN PROPERTY MAKE

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

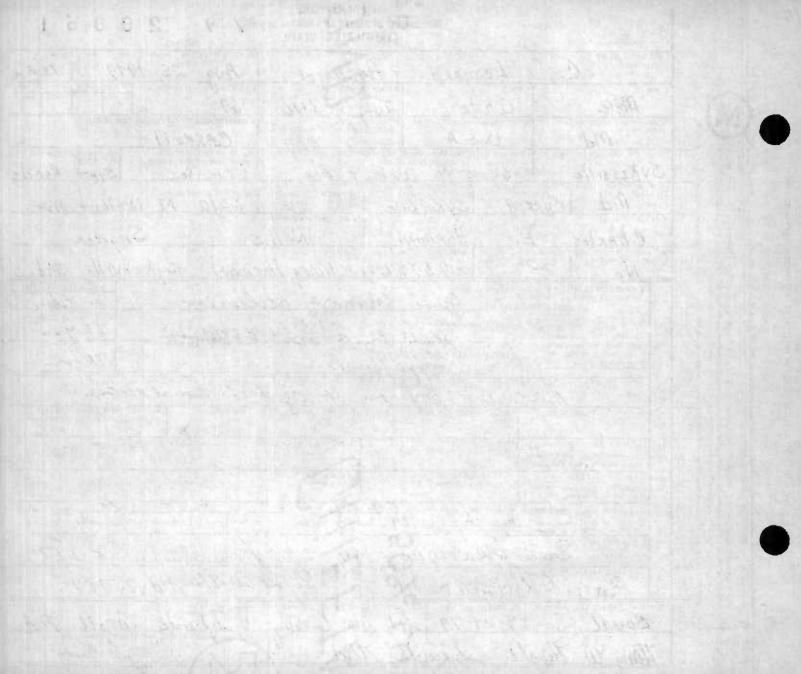
DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2h HOUR IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS 0 BALTIMORE CITY OR COUNTY OF DEATH Carroll Co.. 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 801 Bloom Rd. LOGUE APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion dooth occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN P DIRECTOR PHYSICIAN Gamber, Carroll. Providence 250 DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S SIGNATURE Tintry Mc (read ! Charles W. Burrier, Jr., Sykesville, Md.

13 31 11 The month of the second of the The state of the s The test of the test of the second test of the second seco

		1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 9	2 0	051
be 3			CEASED NAME FIRST OR PRINT)	Leonard	HORMAN	Aug. 2	5, 1979	YEAR 26 HOUR
		3. SE	Male	4 RACE White	5. DATE OF BIRTH MONTH DAY 1910	6 AGE (INYEARS LAST BIRTH	MONTHS	ER I YEAR # UNDER 24 HRS DAYS HOURS MIN.
O (193)	136		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OF		EATH MD
s after a by the filled with	Ootsfied	10 C	ykessille	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 62/2/2/	ADDRESS) DA ING + Ave	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		KIND OF BUSINESS OR DUSTRY REALS
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by ppers. Pages 1 and 2 should be fill	eq 135		TATE 136, COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR INTY 13c. CITY OR TOWN RROll Sykeski	VN 13d INSIDE CITY LIMITS? YES NO 🖻	13e. STREET ADDRESS	1. Wali	nut Ave
MARYL, red withii ompletely ond 2 sh	exomine (14 FA	Charles	E. HORMA	15. MOTHER'S MAIDEN N. FIRST Ne. 11.	MIDDLE	Sny.	der
IMORE, be execut on and co	medical		(AS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 217 07	8796 MARY HO	EMAN S	yKesvi	lle, Md.
. 400	event, the		PART I. DEATH WAS CAUSI	only one couse per line for (a), (b), on SED BY: ATE CAUSE (a) ACUSE	Cormary oc	clusian		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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W. PRI	r other tr		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	ENCE OF LENGT KIN			18 year.
RDS, 20	injury, o	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR COND Rue La Cartonal	rl keels	es ou
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death certificate has been signed by the attending post the build-transit permit. Then please remove corban hand hand was not yet hand a corban the hand hand hand a corban the hand hand hand a corban signed to the build-transition or carbon.	1 2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES [E FINDINGS USED CAUSES OF DEATH? NO [
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R ATTENDIR hospital or RECTOR: Al	21 is mo		sow the deceased alive or	ontol) ottended the deceased from 19	19 ond that in (my) (our) opinion	to 8,25	te and hour and	from the couses stated
DIRE Chec	II. If Hem		226. SIGNATURE Sec.	i Obentine	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF		8-27-79
TO HOSPITAL (retoined by the TO FUNERAL I should be deto	MPORTANT: If	1	SQ 11 1	Kutman 1	D. 220 ADDRESSy Ke	esuille, t	11.21.	184
BP	3 3	23a (URIAL, CREMATION, REMOVAL	8-29-79 X	NAME OF CEMETERY OF CREMATORY	Literal.	l Can	all my
DHMH - 16 50M 7 (VR A 15 (4))		24 F	INERAL DIRECTOR HARLE YU. Hay	int Success	L Md. AUG	TE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S Cirtary A	SIGNATURE



Charles W. Burrier, Jr. Sykesville, Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE

(VR A 15 (4))

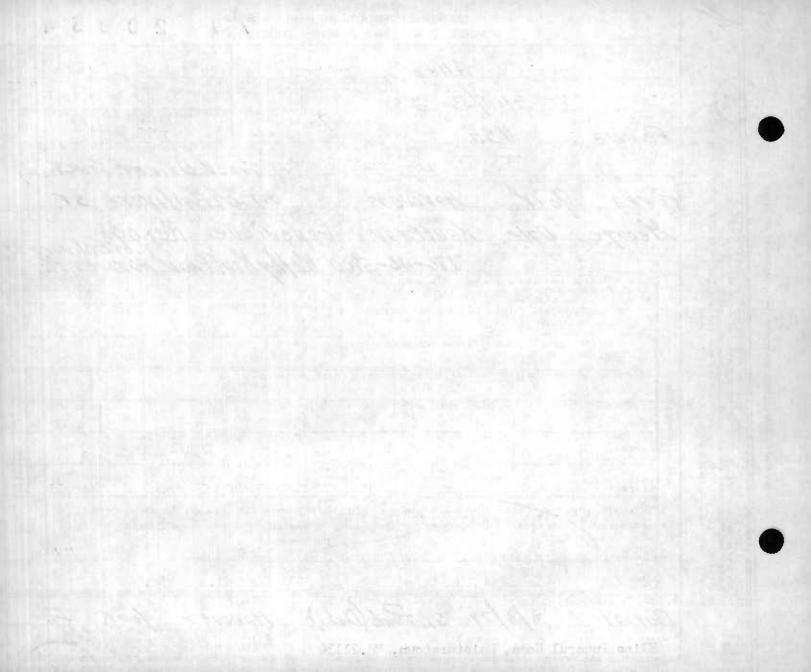
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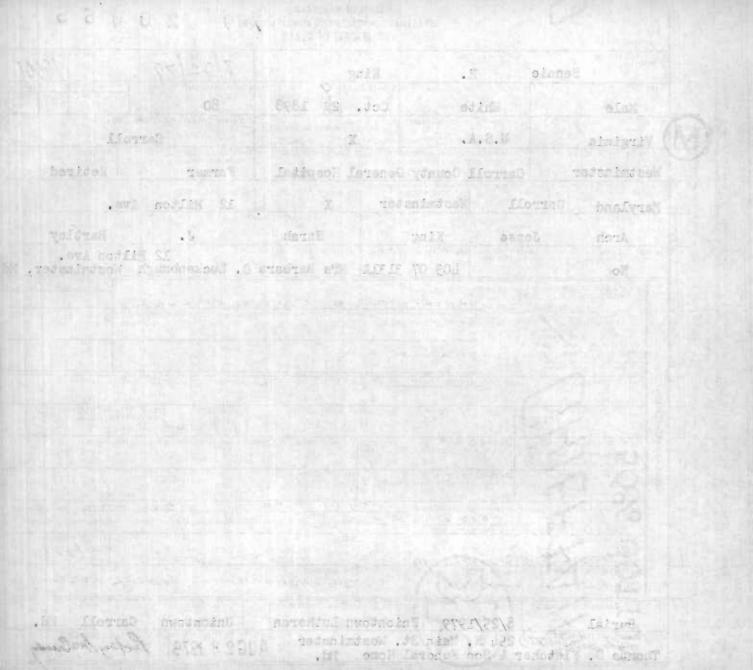
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

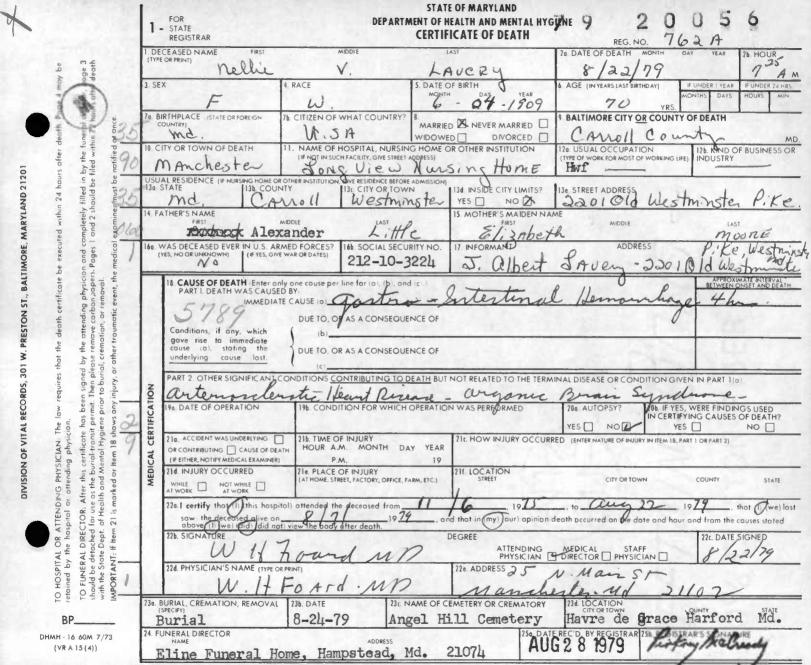
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR 20. DATE KNOWN X MONTH DECEASED NAME (TYPE OR PRINT) OF ESTI-Kauffman Gregory F UNDER 24 HRS 2c. DATE 23:22A PRONOUNCED Male White BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Carroll County DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH Rt. 97 & Black Schoolhouse Rd. 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 138 CQUNTY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF onditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ORWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT OI 31201 PRIOR TO BURIAL. YES X NO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR MEDICAL 1:30 PXXX driver in auto that lost control CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC. WHILE NOT WHILE Rt. 97 & Black Schoolhouse Rd. street Autapsy A Inspection SHOULD BE FOR RAL DIRECTOR: ATH, WITH THE SE, MARYTAND, 2 22a. I certify that I took charge at the remains described above, held an Homicide _____ Undetermined manner Suicide death resulted from Natural couses TITLE (SPECIFY) ACTUAL Deputy ChiefEDICAL EXAMINER GE 4 SHOU!
FUNERAL D
TER DEATH, 1 ADDRESS 111 Penn St. Balto., MD. EXAMINÉR'S NAME Thomas D. Smith, M.D. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 256 REGISTRAR'S SIGNATURE 14 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Eline Funeral Home, Reisterstown, Md.21136 15M 7/76

STATE OF MARYLAND







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#	7	1	STATE OF MARYLAND
9	(Ma)		1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 0 0 5 /
		1.	DECEASED NAME , FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	ay be	- (HENRY LIEBEN 8-19-79 4PM
	may pag	3.	SEX 4/RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IS UNDER 24 HRS
	ige 4		MALE W 11 2 96 82 B YRS.
	leoth. Pour in 72 hou at ance.	Par H	# BIRTHPLACE ISTATE OR FOREIGN 16 CITIZEN OF WHAT COUNTRY? AMARRIED NEVER MARRIED NEVER MARRIED CAFFOLD MD.
	ofter dec the fune ad within	10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION 126 KIND OF BUSINESS OR
102	5 0 0	10 4	VestMinster WNCC 1234 WashingTon Rd Plumber Plumbing
BALTIMORE, MARYLAND 2120	24 hav	35	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 138. STREET ADDRESS 148. STREET ADDRESS 158. STREET ADDRESS
RYLA	within letely d d 2 sho	20 14	FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE 1 LAST
X X	comple 1 and	116	Stephen Lieben Hinie Collins
ORE	ond c ages	2 16	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 9'55 Shirley MANOR
MIT	o con E	7 6	UNKNOWN NO - 217-05-1510 Andrew Krumholtz Reisterstownin
BA	ficate obysics paper naval. ent, th		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY
PRESTON ST.,	h certi ading p ar rem atic ev		L/ 2 9 2
STO	e deoth attendiation, a	146	Conditions, if ony, which (1) of the cost of the Cardeo Wester
	the deot by the atter ise remove cremation,		gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF
201 W.			underlying couse lost. (c)
05, 2(equires the n signed b Then plear to burial, injury, ar a	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS,	been mit. Th priar t		190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO 200. ACCIDENT WAS UNDERLYING 200. 210. TIME OF INJURY 210. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
L RE	has has	1	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
VITA	S 9 S	7	21a. ACCIDENT WAS UNDERLYING
0	PHYSICIAN: T ending physici this certificate te burial-tronsi ad Mentol Hygi	9 3	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19
SION	d d d d d		CONTRIBUTING CASE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE CONTRIBUTION COUNTY STATE
20	ATTENDING P sspital ar atter CTOR. After tl d for use as the t. af Health and		AT WORK AT WORK
			sow the deceased alive on 19.75 and that in (my) (per) opinion death occurred on the date and hour and from the course stated
	R B be		DEGREE 22c. DATE/SIGNED
	0 . 0 110		There steers 1270 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF
	HOSPITAL bined by the FUNERAL ould be detable the State		22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS
	TO HOSPITAL C retoined by the TO FUNERAL E should be detac with the State E	1	Y John E. Steers Zio Washington Ath Westminsterna
11	20	23	30. BURIAL, CREMATION, REMOVAL 236. DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF THE COUNTY STATE
120	BP	1	BuriaL Aug. 22, 1979 London Park Cem Saltimore Wd.
	DHMH - 16 50M 7/77 (VR A 15 (4))		Telbarett Owings Mills, Mid AUG 2 2 1979 Fritay McCreedy

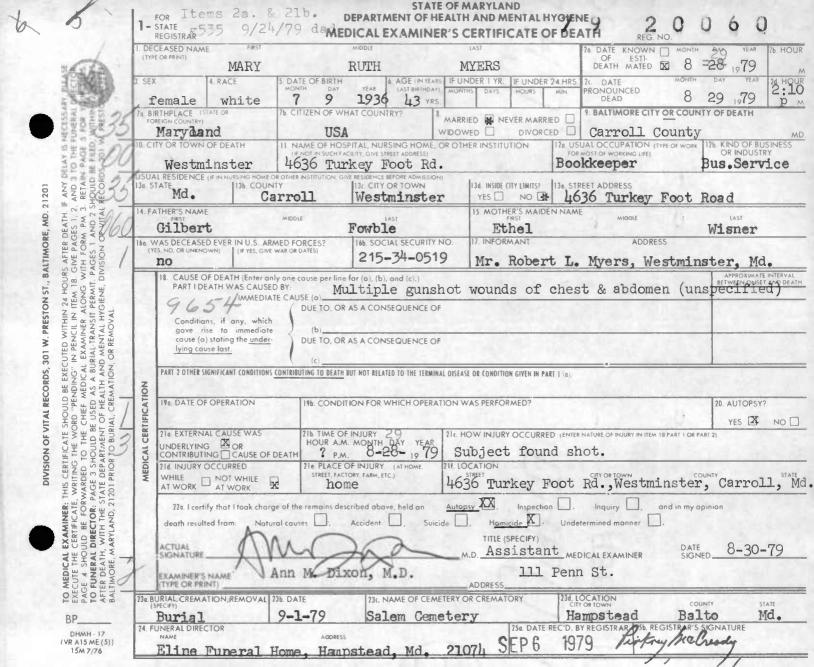
ELU OTO THE AMELIAN STREET MALE IN SURE A STATE OF THE STA M.P. Service Salt Source S. S. Servick Married Home Steeled Steeled States

		1	STATE OF MARYLAND
4		1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 2 0 0 5 8
Y			REGISTRAR CERTIFICATE OF DEATH
	(N用油:		CEASED NAME FIRST MIDDLE , LAST ZO DATE OF DEATH MONTH DAY YEAR ZO HOUR
	/ nash	TYPE	Runell Aristys LINDCAV Que 25-1979 304PM
		3 SE	
	off	1000	MONTH DAY MONTHS DAYS HOURS MIN
	oge	1	VI ace // Male 2 /2 /903 / 16 YRS
	th P	/0 B	IRTHPLACE (STATE OR FOR THE COUNTY OF WHAT COUNTRY? 8 MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
	er deoth		reduced With WIDOWED DIVORCED Carrall MD.
		10 C	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) WIDUSTRY WITH ONLY IN SUCH FACILITY, GIVE STREET ADDRESS)
10	by the	YN	ANCHESTER LUNG VIEW Nursen Home MEAT Cutter RETAIL
212	in in be	USU.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, EIVERESIDENCE BEFORE ADMISSION)
9	VE willed	130	AA A
¥.	thin ely f	14. E/	ATHER'S NAME IS MOTHER'S MAIDEN NAME
AR	a Te	1	DAFRIST MIDDLE AST AST FRANCE MIDDLE HAT IM AN
m,	complete of comple	140.3	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT MARK REMAINS LINES
080	d ged x	100 (YES, NO DR UNKNOWN) (IF YES, GIVE WAR OR DATES)
T W	S. Poo		No none 214-30-1850 222x John Hyde Rd West, Md 21157
PRESTON ST., BALTIMORE, MARYLAND 2120	e 0e- €		18 CAUSE OF DEATH Enter only one couse per line for (0), (b) and (c) BETWEEN ONSET AND DEATH
, io			PART I. DE ATH WAS CAUSED BY. Corelval Vascular accusent Tweek
N	30 31 31		436 - DUE TO, OR AS A CONSEQUENCE OF
510			Conditions, if ony, which (b) alnewals of arterypullyous trys
8	a E O +		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF
≥	by by of		underlying couse lost
201	s t pleed		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO
	equire sign Then to bu	Z	December 10 to 100 to 1
ő	ow reg	Ĭ	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
REC	os bosem	F.	UN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,	3 PHYSICIAN: The Is attending physicion. For this certificate has the buriol-transit per and Mental Hygiene and a them 18 shows	CERTIFICATION	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED INTERNATING OF INJURY INTERNAL PART TO PART 20
<u> </u>	HYSICIAN: The ding physicic is certificate buriol-transit Mental Hygie or Item 18 should have a supposed to the supposed burion of the supposed burion in the su		216, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
0	SICI ng cert cert cert cert cert	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P,M. 19
Siol	IG PHYSK offending fer this cer s the burio rond Meni rked or Ite	AED.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN COUNTY STATE
2	DING PHY or ottendi After this e os the bu olth ond M morked or	-	WHILE NOTWHILE AT WORK AT WORK
			220.1 certify that (1) this hospital) attended the deceased from
	21 0 12		sow the declive on 19 74, and that in my (our) opinion death occurred on the date and hour and from the causes stated above 19 et did did not view the body after death.
	hos IREC hed ept. Item		226. SIGN DEGREE 220. DATE SIGNED
	1 - 1 - 0)		WI Trough MAD ATTENDING MEDICAL STAFF S/25/29
	PIT	1	22d. PHYSICIAN'S NAME (DUPE OR PRINT) 22e ADDRESS 25 AL Maria Charles
	O S Jan 19		MIT CATA MI
	IMPR	22- 0	HIGH OPENATION PENANTAL TO DATE 122 MAN OF CHILDREN
	20	230. E	SURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN COUNTY STATE
	BP	24.5	BURIAL AUG 28, 1971 PIPE CREEK NEW WINDSOR RURAL MD
	DHMH - 16 60M 1/75	14.1	NERAL DIRECTOR NAME ADDRESS
	(VR A 15 (4))	1	W. Maryen New Vendson, mo

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/ :	FOR STATE	#18a-22a Fil	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL	HYGIENE	200	5 9)
10	REGISTE 1. DECEASED (TYPE OR PRINT	NAME FIRST	MIDE		LAST	OF	REG. NO.	DAY YEAR	26. HOUR
(M)	3. SEX		DATE OF BIRTH MONTH DAY Y	6. AGE (IN YEARS	McDaniels IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS	R 24 HRS. 26. DATE MIN. PRONOUNCE	MONTH	2 19 79 DAY YEAR	1:30
CESSAR NERAL FOR Y VITHIN PRESTON	Male FOREIGN COI	INTRY	CITIZEN OF WHAT	59 20 YRS. OUNTRY? 8.	MARRIED NEVER MAR	RIED X 9 BALTIMO	8 RECITY OR COUN		Рм
PAGE 5 FOR	-		(IF NOT IN SUCH FACILITY,	, NURSING HOME, C	ROTHER INSTITUTION	120. USUAL OCCUPA FOR MOST OF WORKIN	Carroll Co		MD. USINESS TRY
2 8 8 - T	USUAL RESID	SVI11e ENCE (IF IN NURSING HOME OR O	Springfiel THER INSTITUTION, GIVE RESI 13c.	DENCE BEFORE ADMISSION	13d. INSIDE CITY LIMITS?		3		
2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =	14. FATHER'S FIRST	Md • I	MIDDLE	Balto.	YES NO [DEN NAME MIDE		LAST	
FTER DEATI	Geo:	EASED EVER IN U.S. ARME	D FORCES? 16b	Daniel SOCIAL SECURITY N			ADDRESS	sboro	
ON ST., BALTIMO 24 HOURS AFTER ITEM 18. GIVE PA LONG WITH FOL PERMIT. PAGES 1 SIENE, DIVISION	No 18. CA	USE OF DEATH (Enter only o	ane cause per line far (c			McDaniel	2832 Bo	APPROXIMA BETWEEN ONS	TE INTERVAL
	5.	nditians, if any, which we rise to immediate	CAUSE (a) ACUT	CONSEQUENCE OF	y Edema				
DS, 301 W. PREST EXECUTED WITHIN GC" IN PENCIL IN ICAL EXAMINER A AND RIGHT. FRANSIT ION, OR REMOVAL	ca <u>lyi</u>	use (a) stating the <u>under</u> ng cause last. THER SIGNIFICANT CONDITIONS COP	(c)	CONSEQUENCE OF	. DISEASE DR CONDITION GIVEN IN	PART 1 (a).			
	210. EX	TE OF OPERATION	196. CONDITION	FOR WHICH OPERAT	ON WAS PERFORMED?			20. AUTOPSY	
CERTIFICATE SHO CERTIFICATE SHO TING THE WORD PED TO THE CHI 3 SHOULD BE UP PEPARTANIC BE UP PERATANIC BE UP PERATANI	210. EX UNDER CONTE	TERNAL CAUSE WAS		URY UNTH DAY YEAR	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	-	000
PIVISION CERTIFICE THIS CERTIFICE TO REWARDED TO STATE DEPART STATE STATE DEPART STATE STATE DEPART STATE	21d. IN.	JURY OCCURRED	21e. PLACE OF IN STREET, FACTORY, F		211. LOCATION STREET	CITY OR TOWN	cc	UNTY	STATE
FOR FOR THE S		1 certify that I taak charge of resulted fram: Natural	Table 1	d abave, held an	Autapsy X, Inspect	ian , Inquiry Undetermined man	and in my a	pinian	
0 m 0 = > 0	ACTUA SIGNA	TURE Uurque	ZDolan	20	TITLE (SPECIFY) M.D. Assista	INT MEDICAL EXAMIN	DATE NER SIGN	8/3/	79
TO MEDICAL EN EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL DI AFTER DEATH, V BALTIMORE, MAI	(TYPE C	NER'S NAME Virgi	inia L. Dol		ADDRESS	11	1 Penn St		
/3 BP	Buri.	al 8	8/8/78		Mem. Park	Arbutus	yd.	Solve :	STATE
OHMH - 17 (VR A15 ME (5)) 15M 7/76	Wm C	March F/H	1101	E. North	Ave. AU	6 7 1979	mary 1	7	

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		The Alexander	



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oring Byers Funeral Directors, P.A.

(VR A 15 (4))

FOR - STATE

REGISTRAR

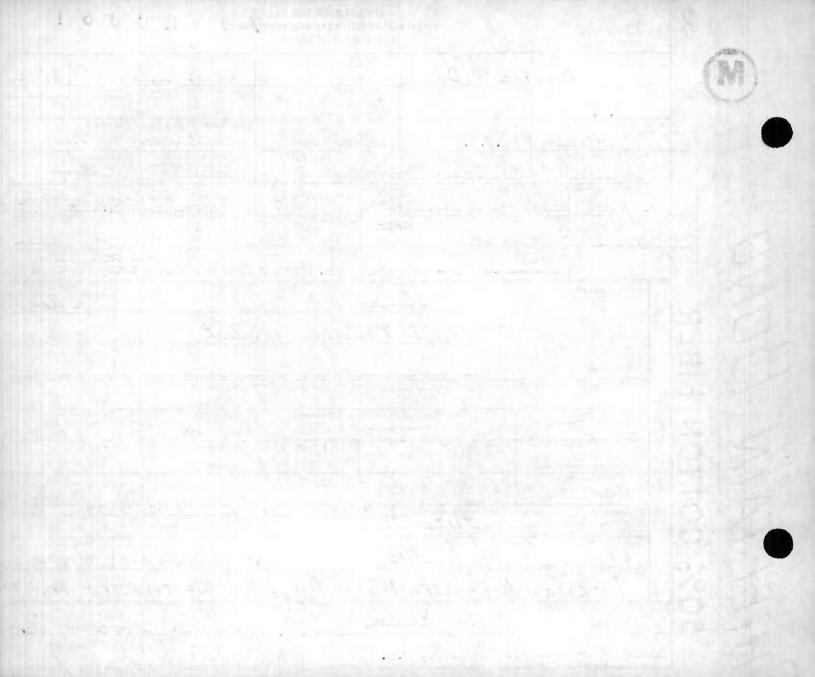
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

CERTIFICATE OF DEATH

STATE

STATE

Md.



	1	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG	REG N	20	0 6	4
	1. DI	CEASED NAME FIRST	20178.0	MIDDLE	1000	AST	2a. DATE OF DEATH	MONTH DA	AY YEAR	2h HOUR
		Eunice	V.		Oste	chus	8	10	79	11:50P
	3. SE	THE RESERVE OF THE PERSON OF T	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS.
		Female	W	hite	1	-17-202 YEAR	77	YRS	UNIHS DATS	HOURS MIN
63		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY		OF DEATH	
3		Maryland		S.A.	WIDOWE	DIVORCED	Carroll		4-5-413	M
10	10.0	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			OF BUSINESS OF
10		inksburg		Gamber Roa			Housewife	10 10		
3 5	USU 130	AL RESIDENCE (IF NURSING HOME STATE 13b CO	OR OTHER INSTITUTIO	N, GIVE RESIDENCE BEFORE		113d INSIDE CITY LIMITS?	13e STREET ADDRESS			F-1743
50	Ma	ryland Car	roll	Finksbu	rg	YES NO X	3451 Gaml	per Roa	ad	
	14 F	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDDLE	3	LAS	57
Kol		Charles	L.	Braubing		Mollie			Shiple	
1	160.	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDR	ESS		
1		No		219 44	5588	William Oste	erhus Same	as #	13	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe	er line for (a), (b), an	dıc				BETWEEN	MATE INTERVAL
			SED BY: ATE CAUSE (0)	Conge	stive	heart failur	e			hrs.
		4292		OR AS A CONSEQUE	NCE OF					
	1	Conditions, if ony, which	(b)	Arterio	-scle	roitc cardio	vascular di	sease	13 00	?
	10	gove rise to immediate	DUETO	DR AS A CONSEQUE	NCFOE	THE TREE SALES				
		underlying cause last.	100000,0	JR AS A CONSEQUE	INCE OF					
	,	PART 2 OTHER SIGNIFICAN	CONDITIONS	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	01
	CERTIFICATION	190. DATE OF OPERATION	Ties costs	DITION FOR WHICH	OBERATIO	N WAS PERFORMED	28a AUTOPSY?	TON IF YES	WERE FINDI	NGS HEED
2	F.	170. DATE OF OFERATION	170 CON	SILION FOR WITHEIT	OFERATIO	TASTERI ORMED		IN CERTIFY	ING CAUSES	OF DEATH?
G/W	E	71a. ACCIDENT WAS UNDERLYING	C 21h TIME	OF INJURY		21c HOW INJURY OCCURE	YES NO	YES		NO 🗆
G		OR CONTRIBUTING CAUSE OF	110110 1		AY YEAR	ZIE HOW INJOK! OCCORR	KED (ENTER NATURE OF INJU	RY IN SIEM IB, PAR	RI 1 OR PART 2]	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN		P.M.	19	200 100 1710 11			200	
	MED	21d INJURY OCCURRED		TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
		AT WORK			3/20	70	0/10/		70	11=15/16
		22a certify that (1) (this has	pitol) ogendedt	he deceased from_	3/20 79	. 19 79	8/10/			that (4 (wallo
		sow the deceased alive above, (1) (we) (did) (on New the bod	y after death	, 01	nd that in (my) (and opinion o	deoth occurred on the d	ote and hour		
		THE STATE S	121.	11	>	DEGREE			22c. DATE	
		Vachael 4.	young	new	14		MEDICAL STA	IAN 🗆	8/13	1/79
		27d. PHYSICIAN'S NAME (TYP				72e ADDRESSiute #	12 Carro	ll Plaz	za	
1		Richard Y. Da	lrymple	, M.D.		Westmin	ster, Md.	21157		
	23a.	BURIAL, CREMATION, REMOVA	L 236 DATE	23 c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY	STATE
		Burial	Aug	14 1979 P	rovide	ence Cemetery	Gamber	Carr		Md.
	74.1	UNERAL DIRECTOR				stminster 25a. DA				
	Tr	omas D. Fletch	er & So	n Funeral	Home	Md.	06 20 13/3		/	
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STATE OF MARYLAND

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and the state of t				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled i should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should buy the Stote Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumatic event, the

(M)	-	-	-		
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eral director, page 3 72 hours after death

STATE OF MARYLAND

	- STATE REGISTRAR		DEPARTA		ICATE OF DE		REG. NO	2	0 0	0 4
1,	DECEASED NAME FIRST	WIE	DDLE	L	AST		20. DATE OF DEATH	нтиом	DAY YEAR	2b. HOUR
Ľ	Helen I.	Peeling					8-29-	79		6: a _m
3	SEX	4 RACE		5 DATE C			6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	
1	female	cauc		11	°1°o	*6°5	73	YRS.	MONTHS DAYS	HOURS MIN.
R	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIE	NEVER MA	ARRIED [9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
	Md.	USA		WIDOWE		ORCED	Carro	11		MD
ы.	CITY OR TOWN OF DEATH		FACILITY, GIVE STREET				176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) housewife			OF BUSINESS OR
U	ISUAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, G		ADMISSION)			Housewife			
	30 STATE 136 COU	VTY 1	3c. CITY OR TOWN	N	13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 306 Fair A		THE SE	
11	FATHER'S NAME	TOIL	westmilis	rer	15. MOTHER'S	1.00		venue	3	
4	FIRST	MIDDLE	LAST		FIF	RST	WIDDLE		LAS	
16	Clarence Milto		6h SOCIAL SECU	DITY NO	Ge 1	rtrude	ADDRE	22	unkno	own
1.		E WAR OR DATES)								
-	18 CAUSE OF DEATH (Enter or				Joshua	Peeli	ng 306 Fai	r Av		minster MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (O) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR, (b) DUE TO, OR, (c) CONDITIONS CON	as a conseque	NCE OF NCE OF	etic car and di	diovas abetes	cular disea mellitus INAL DISEASE OR CONE	DITION GI	IVEN IN PART 1(
	SE INDARE OF OFERATION	178. CONDITI	ON TOR WINCH	OFERATIO	NAS PERIOR	WED	YES NO	IN CERT	IFYING CAUSES	OF DEATH?
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	P.M. 21e PLACE OI (AT HOME, STREE	. MONTH DA F INJURY IT, FACTORY, OFFICE, F.	19 ARM, ETC.)	216 HOW INJU		RED (ENTER NATURE OF INJUR CITY OR TOW	N	COUNTY	STATE that (I) (★) lost
	220.1 certify that (I) this hasp say the decreased alive or though (I) Widdl (KKC) 22h/SIC (ATURE)	July 1	9, 19	79 or	nd that in (my) (. 17	deoth occurred on the do			couses stated
-	The PHYSICIAN STOCKED	Jelle	myde	74	AT PH	TENDING TYSICIAN X	MEDICAL STAF		8=2	29=79
	Richard Y. Dal	V	M.D.			1 Plaz	a, Westmins	ter,	Md. 211	1.57
23	30 BURIAL, CREMATION, REMOVAL	23b DATE	23c N	AME OF C	EMETERY OR CR	REMATORY	23d. LOCATION	11 / 13	COUNTY	STATE
1	Burial	9-1-79	K	rider	• •		Westmins	ter	7.0	

DHMH - 16 50M 7/77 (VR A 15 (4))

BP.

24. FUNERAL DIRECTOR

willis St K Peitis Sa. WESTER WITES W 91

Kriders

Westminster Carroll M
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
SFD 5 1979

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Md.

Thomas D. Fletcher & Son Funeral Home

(VR A 15 (4))

STATE OF MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH

College State College

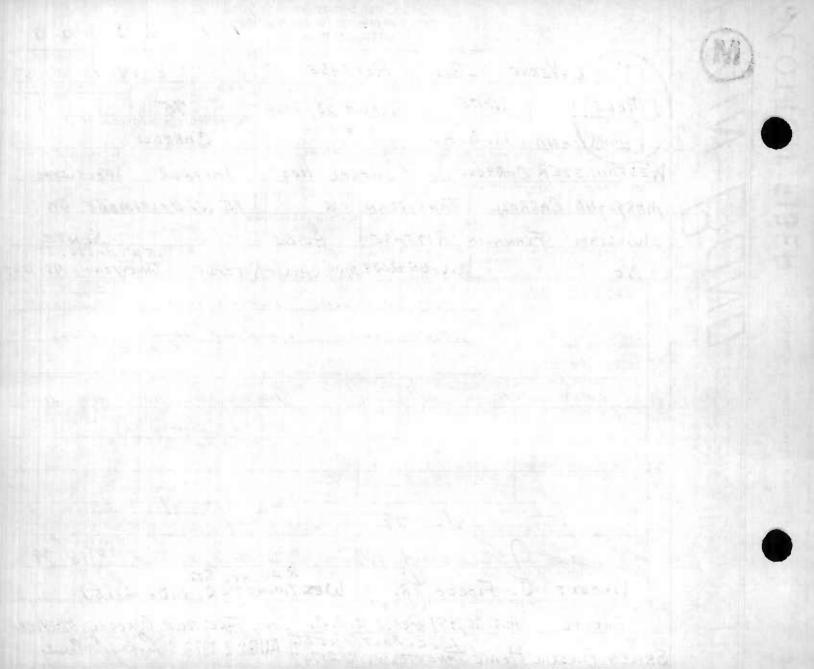
	1.	FOR STATE REGISTRAR	/	DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GJENE 9	2 0	0 6	7
M)		CEASED NAME FIRST OR PRINT)	F.	MIDDLE	4	AST DF BIRTH	20. DATE OF DEATH Company	. 9,1	1979 IF UNDER 1 YEAR	26 HOUR 7:54 IF UNDER 24 HRS
1		Female	Cauc.		June	DAY YEAR	68	YRS	AONTHS DAYS	HOURS MIN
10 to	M	RTHPLACE (STATE OR FOREIGN OUNTRY) aryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	DE NEVER MARRIED	9 BALTIMORE CITY	1110		M
The state	We	stminster	Carro	11 CO.	Gen. H	ospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemaker		12b KIND (INDUSTRY Home	
2 should be	Ma.	AL RESIDENCE (IF NURSING HOME CITATE 136 COL	or other institution JNTY roll	GIVE RESIDENCE BEFORE 13c CHTY OR TOV Westmins	VN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS B19 Bishop	Court		4 135
060		FIRST	liam	Young	g	Emma.	D. MIDDLE		Campbe	e ¹ 11
medicol		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IFYES, GI	RMED FORCES?	212-18-		Roy Ray (Sam	e as 13e)	ESS		
itol, cremotion, or removal or other froumotic event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	DUE TO, C	OR AS A CONSEQUENCE OF A CONSEQU	ence of	Myo care	est bial in fa	etion		KIMATE INTERVAL ONSET AND DEATH
shows ony injury, or oth	CERTIFICATION	PART 2 OTHER SIGNIFICANT	(c)	A The	DEATH BUT	NOT RELATED TO THE TER		20b. IF YES	EN IN PART 10 , WERE FINDI YING CAUSES	NGS USED
morked or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A	P.M.	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18, P.	ART 1 OR PART 2)	
)))	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY TREET, FACTORY, OFFICE,	FARM, ETC.}	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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ANT: If Item		22d. PHYSICIAN'S NAME STYPE	1 4 -	fame		ATTENDING PHYSICIAN 1220 ADDRESS	MEDICAL STA	CIAN [22c. DATE	SIGNED 979
IMPORTANT: IF		CHITRACHEI	u Ni	AGANN1		174E Mai	n st. Wesh	ningte	and	21157
- 15	(BURIAL BURIAL	8-11-	79 Pa	rklaw	emetery or crematory n Mem Park Ce			COUNTY	Md.
76	24 FI	INERAL DIRECTOR Robert	A. Pum	phrevoFun	eral	Homes 250 DA	TE REC'D. BY REGISTRA	25b. REGIST	RAR'S SIGNA	TURE

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BURTAL 8-11-79 Parkings Sum Fark Con. Reskrille Sovert A. Fumphrey Funeral Homes AUG Entropy P.A., Betherds, Maryland

MOME TANEYTOWN, MD 2178

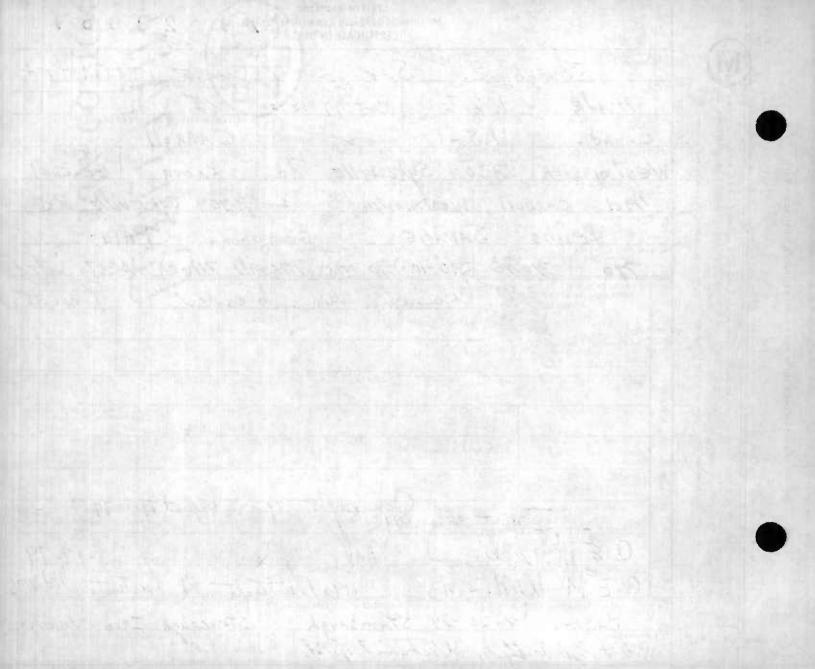
DHMH - 16 50M 1/76 (VR A 15 (4)) STATE OF MARYLAND



BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

MPORTANT; If Hem 21 is marked as Hem 18 shows ony injury, or other traumatic event, the medical examiner must be northed at exem-

1				STAT	E OF MARYLAND			
	1	FOR		DEPARTMENT OF H	EALTH AND MENTAL HY	GUNE 4	200	6 9
	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH		- 0 0	
37	1 DE	CEASED NAME FIRST	WIDDLE		AST	REG. N		EAR 26 HOUR
		OR PRINT)	1 6			20. DATE OF DEATH	- 10-	19 1/4/- 1
		VOSE	Ph 2.	DAV	AGE	Megust	17191	7.70H.M
	3. SE	×	4. RACE	5 DATE C		6. AGE IMPEARS LAST BIR		
		mA/E	White	- Oc	+ 17 1893	85	YRS MONTHS	DAYS HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DEA	TH
13	(CANADA	11.5.A	WIDOWE		CARR	011	MD.
	10 CI	TY OR TOWN OF DEATH,			OR OTHER INSTITUTION	120 USUAL OCCUPAT		IND OF BUSINESS OR
20	11/	OSTMINSTER	1 3 0 9	SUKESW.	IllE Rd	(TYPE OF WORK FOR MOST O	-	ENERA!
	USU/	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIL	DENCE BEFORE ADMISSION)		4		The state of the s
36	130	And CAR	1/	23 Truinster	13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Sukeswill.	= Rd
	14. FA	ATHER'S NAME	101.		15. MOTHER'S MAIDEN N		1	
112		FIRST Lewis	SAV.	AGE	Geor	MIDDLE "	PRIVE	LAST
		VAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17 INFORMANT	ADDRI	ESS	1 1 /
1		770 71	07E 370	1-10-75/0	TMRS MEI	erill Trine	in Was	tminster
		18 CAUSE OF DEATH (Enter an	ly one cause per the far	(a), (b), and (c)	~ . <	00 10 1	BET	PPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSE	E CAUSE (o)	amoma	Urinas 1	bladder	1	months
		1989		CONSEQUENCE OF				
		Conditions, if any, which	DUE TO, OR AS A C	ONSEQUENCE OF				
		gave rise to immediate	(b)					
		cause (o), stating the underlying couse last	DUE TO, OR AS A C	ONSEQUENCE OF				
			(c)					
	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBL	ITING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PA	.RT 1(a)
	CERTIFICATION	190 DATE OF OPERATION	19h CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
2	IFIC						IN CERTIFYING CA	USES OF DEATH?
OL.	ERT	216. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	ν	1216 HOW IN HIPV OCCU	RRED (ENTER NATURE OF INJU	YES -	NO []
4		OR CONTRIBUTING CAUSE OF DEA			THE HOW HAJORI OCCO	TREE TENTER NATURE OF 1990	RT IN HEM 18, PART I OR PA	R1 2)
	OA	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU (AT HOME, STREET, FACTO	RY OFFICE FARM FTC \	21f LOCATION STREET	CITY OR TO	WN COUNT	TY STATE
	>	WHILE ONOT WHILE O	(ATTOME, STREET, TACK	orrice, rann, every	1			
		220.1 certify that (I) (the bound			15, 19 79	, to leger	17.19.79	, that (I) (we) last
		sow the deceased of abave, (I) (as) (did) (did)	Using the body often de	19 079 ar	id that I (my) (our) opinio	n death occurred on the d	ate and haur and from	m the causes stated
		226. SIGNATURE	7 11		DEGALE		22c. I	DATE SIGNED
		(& JIM	Ulliam	J Y.h	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN IN 8	-17-79
		224. PHYSICIAN'S NAME (TYP)	emili 4 I	-	27+ ADDRESS	0.4	7/	10.1
_		C.E.MC	UllIAM	5	11904 Keist	esateran Pd	/ Kesterst	our 19/36
	23a. B	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION /	COUNTY	STATE
	(:	BURIAL	8-20-7	19 Stan	baugh	Stampayo	A TROS	much.
	24 FI	INFRAL DIRECTOR				ATE PECID BY PEGISTRAP	125h DECHSTRADIS SK	CALATUDE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Nicholas McCubbin Smith 08-13-79 9:00 4 RACE 3 SEX 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR YEAR HOURS 02 20 Male White BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED | Carroll County IL CITY OF TOWN OF DEATH 12b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Sykesville Springfield Hospital Center student DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 MSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 130 COUNTY 130 CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland City Baltimore address unknown 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST John Smith Florence Randolph Jackson 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 220-54-6621 Records, Springfield Hospital Center APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART ! DEATH WAS CAUSED BY Extensive bilateral aspiration pneumonia davs IMMEDIATE CAUSE (a)_ OR AS A CONSEQUENCE OF Arteriosclerotic cardiovascular disease Conditions, if any, which vears gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 0 Schizophrenia, catatonic type prior 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP NO F ond Mentol Hygie 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 0 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WORK 22a. I certify that (1) (this hospital) attended the deceased from, 79 sow the deceased alive on O6-15 above, (1) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATION DEGREE 22c DATE SIGNED Should be determined the State D DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT) Springfield Hospital Center. Antonius Glahn. M.D. Sykesville, Maryland 21781 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Cremation 8/16/79 Security Process Catonsville Baltimore, Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 MacNabb Funeral Home Catonsville, Md. AllG9 1 1979 (VR A 15 (4))

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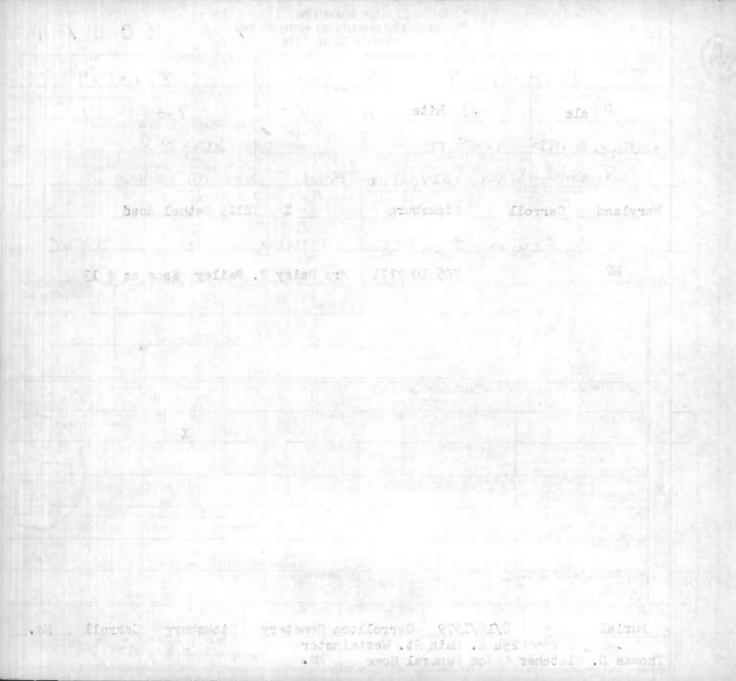
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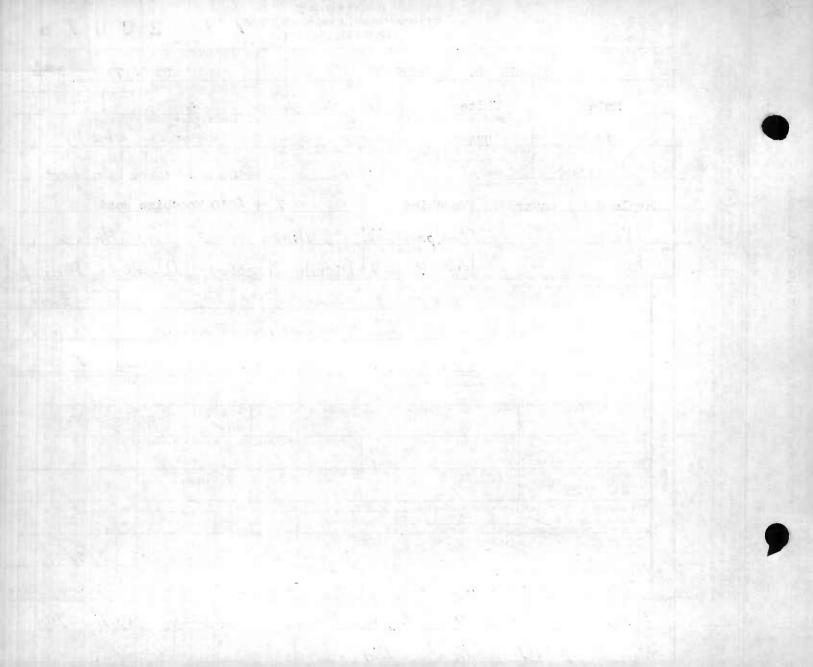
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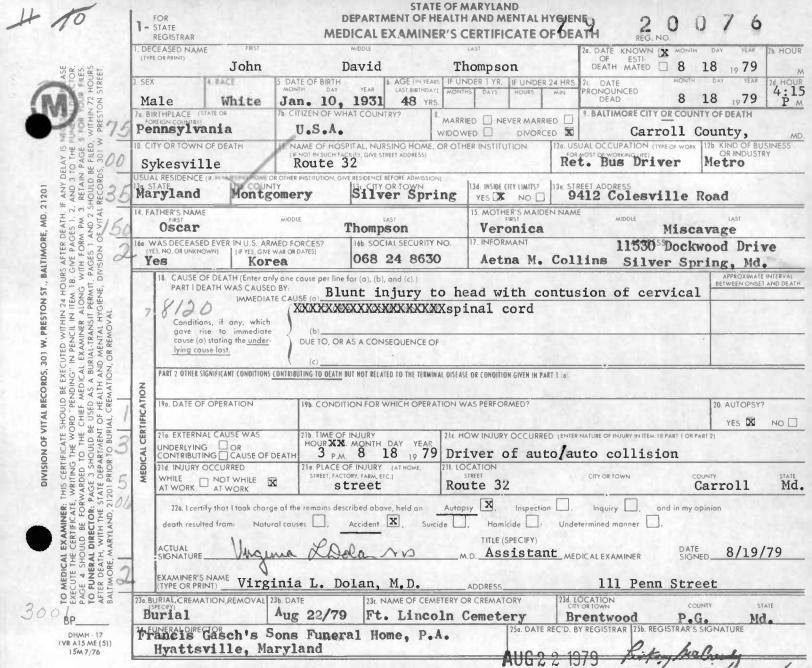
Thomas D. Fletcher & Son Funeral Home

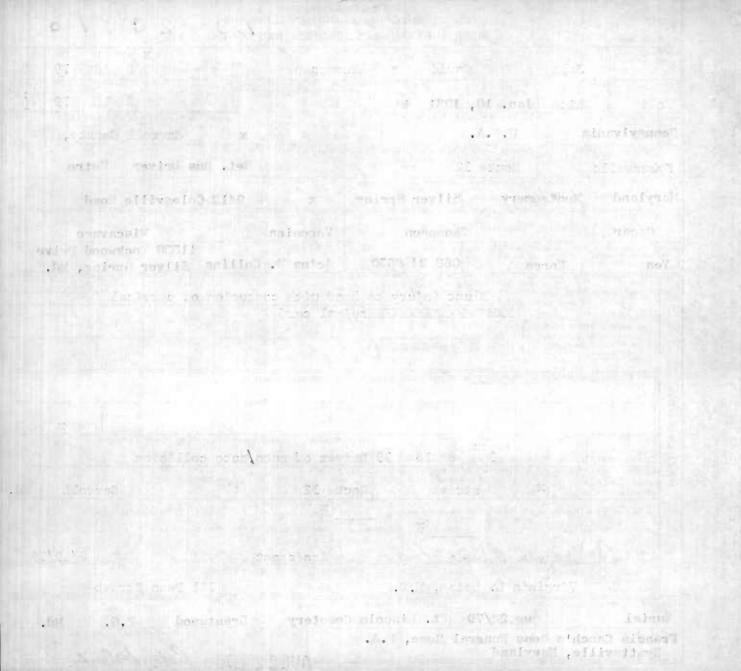
FOR

STATE OF MARYLAND









1		Item 7b g535 9,	/5/79 g:			E OF MARYLAND BEALTH AND MENTAL HYG	and of the	0077	
		STATE 'REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	00//	
ten!	1. DEC	OR PRINT) Henry	REELS.	MIDDLE		AST	20 DATE OF DEATH MONTH	31	
	3. SE		4 RACE	J.	5. DATE C		6. AGE (IN YEARS LAST BIRTH DAY)	IF UNDER 1 YEAR IF UNDER	
		Male	White		1	3 1910	69	YRS. DAYS HOURS	WIM
197	C	RTHPLACE (STATE OR FOREIGN DUNTRY) Thom, England		what country? England	MARRIE WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY OR CO	UNTY OF DEATH	M
100		ry or town of death estminster	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	al Hospitol	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Master Marine		
35	USU, 130 S MC	AL RESIDENCE (IF NURSING HOME OF TATE 136 COULT	ROTHER INSTITUTION		ADMISSION)	13d, INSIDE CITY LIMITS? YES NOX	13e STREET ADDRESS 749 Old Westn		
ld	14. FA	THER'S NAME Harry	WIDDLE	Turner		15 MOTHER'S MAIDEN NA.		Sully	
1	16a V	VAS DECEASED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS		
		INO IS CAUSE OF DEATH (Enter DE PART I. DEATH WAS CAUSE		218-52-4		Mrs. Eileene	S. Turner sa	ame as #13	TO VAL
	ATION	cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	(c)_ CONDITIONS C	aremone	DEATH BUT	NOT RELATED TO THE TERM TO SISTE		ON GIVEN IN PART I(o)	
18 shows ar	CERTIFICATION	178 DATE OF OPERATION	170 COIVE	ontow tok which	OFERATIO	TO WAS PERI ORMED	YES NO	CERTIFYING CAUSES OF DEAT	TH?
18 m 18 m	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA P.M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN 1T	EM 18, PART 1 OR PART 2]	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY ST	STATE
S 7		220.1 certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did)				nd that in (my) (aur) opinion	death occurred on the date or		(we) last tated
IT: If hen		22b. SIGNATURE	/	roheng !	m.D.		MEDICAL STAFF DIRECTOR PHYSICIAN	221, DATE SIGNED	>9
IMPORTANT		SOHN S.	,	SHEY, m	D.	8 ducker s	t. Westmins	In Jul. 2/15	57
≤	C	BURIAL, CREMATION, REMOVAI SPECIFY) remation	Aug.	21 1979 S	ecuri	ty Process In	23d. LOCATION CITY OR TOWN Catons ville	Baltimore M	Md.
7/77	24 F	omas D. Fletch	254 E er & So	n Funeral	. Wes	tminster AUG	2 4 1979	JEGISTRAR'S SIGNATURE	7

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		A COLUMN TO			

N 18 1		MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 9 2 0 0 7 8
HEALTH DEPT.	1. D	ECEASED-NAME First Middle Last 2a. DATE KNOWN Month Day Year 2b. Holls
200 15		Type or Print) DOBENT UNGEN. DEATH MATED OF ESTI- 0 4 1974 379
lay is 13 to Page ent of	3.5	
and and	M	1 = WH 1 H JULY 28 1906 73 YRS.
A TIME	1001	RAPIRO COUNTY OF DEATH CARIRO UNITED STATE WIDOWED DIVORCED 9. COUNTY OF DEATH CARIRO DIVORCED 9. COUNTY OF DEATH CARIRO DIVORCED 9. COUNTY OF DEATH AND CARIRO DIVORCED 9. COUNTY OF DEATH
2 200	10. 0	TITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
death. 21 Page with	1	IFCTMINSTEN give greet address) 1 11 N 7550 Ripring mast of working life eyen if retired.) INDUSTRY
M ng	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS2 13e. STREET AND NUMBER
ORE olo	R	MARIONALAND 136 COUNT ROLL WESTH MATERIANO 7 NEW WIRE TEACHER
ALTIMO I hours I hours Office Office	14. [ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Tast
4 //////	*-	MAURICE S. LINGER THANIES ShowER
thin 24 thin 2		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes graypar or dotes of segure) 16. SOCIAL SECURTY NO. 17. INFORMANT ADDRESS 17. INFORMANT
within pencil Examine		(es, no, or unknown) (If yes guerar or doles of senice) J20-18-2472 BESSIES Unger Westminster, Md
N STR ed with in pe I Exor I. File		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET, AND DEATH
RESTON: executed nding" in Medical E permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CONGESTIVE HEAVY 2 HOURS
V. PRESTON be executed "pending" ir iief Medical I insit permit. I		DUE TO, OR AS A CONSEQUENCE OF
be ex be ex pend hief M ansit p		Conditions, if any, which gave rise to immediate couse (a), (b) #CCVV
15, 301 W. PRESTON s should be executed he word "pending" in to the Chief Medical burial-transit permit.	145	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
sho sho of the volume of the burning	34	(c)
EXAMINER: This certificate should be executed within 2 ute the certificate, writing the word "pending" in pencil inge 4 should be forwarded to the Chief Medical Examiner your files. Page 3 should be used as a burial-transit permit. File page cremation, of removal, ond in ony event within 72 hours	97	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
rtiffic rrittin vard	TION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?
VITAL REF This certificate, writi- be forwar or removal	CERTIFICATION	WAS PERFORMED?
ER: This certificate, ould be free.		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.)
INER: This	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
DIVISION OI EXAMINER: Upte the certifoge 4 should your files. Page 3 shoul	ME	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote
XAM XAM Jue It ge 4 your Your Crem		WHILE AT WORK AT WORK Total factory, office building, etc.)
DIV SAL EXA execute ir. Poge I for you TOR: Pag		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection Inquiry and in my apinion
MEDICAL I lleose executions of director. Posterioned for Directors: r to buriol, r to buriol,	7	death resulted fram: Natural causes 🔄, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌
MEDICA MEDICA pleose ey pleose ey retoined retoined or to bur	19	CHIEF MEDICAL EXAMINER
ITY M rry, ple erol di be reth psior	1	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER (22b. DATE SIGNED)
S C C S		EXAMINER'S NAME (Type) TO A WITT TO WELLD
TO DEP necesso the fun 5 moy TO FUNE Health	230	B. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 = 2 5 H	0	REMOVAL (Specify) 0-9-79 Scourt Parms Const. T. H R. H R. H.
	24.	FUNERAL DIRECTOR ADDRES SECURITY IROCESS TREMANU BATTALORE DATIONAL SECURITY OF THE PROPERTY
VR A15ME (5) 10M - 1/69	0	Robert Tryl Prills 4. WESTMINSTER, Md DATE AUG 131979 history making

THE REPORT OF THE PARTY OF THE THE METERS SET LINE OF THE STREET ENGLANDE FERRY SEVER ENGLAND PROPERTY OF CHARLEST ENGLAND INC. Walter In Children Co.

completely filled in by the funeral director, page; I and 2 should be filed within 72 hours ofter dea TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

injury, or other troumotic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR		DEPARTM		ICATE OF DEATH	ENE 9	20	0 7	9
1		CEASED NAME FIRST		MIDDLE	, ,	AST / / /	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
1		Ethel		P	W	artield	08	03	79	1755M
	3. SEX		4. RACE		5 DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
		F	u		08		84	YRS.		
		RTHPLACE (STATE OF FOREIGN DUNTRY)		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY	R COUNTY O	F DEATH	
		Maryland		S.A.	WIDOWE	DIVORCED [Carrol	1/ 6	ount	/ MD.
2	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING		OF OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
0		estminster		unster Nu		g Home	Housewii			
,		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e. STREET ADDRESS			
9	M	aryland Monts	comery	Damascus		YES 😿 NO 🗌	25211 W	oodfiel	d Rd.	
	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	AE MIDDLE		LAS1	
L		William	Н.	Warfield	2.1.3	Emma	C.		urdett	
7.		VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI		17 INFORMANT	AD 28	5733 Wo	odfiel	d Rd.
del		No		217-36-1	6181	Donald E. Wa		amascus	. Md.	5 5 5
		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a) (b), and	Ac .				BETWEEN C	MATE INTERVAL ONSET AND DEATH
	- 4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)							8	mos
	- 43	DUE TO, OR AS A CONSEQUENCE OF							1/.	
		Conditions, if ony, which						YNS		
		gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF							/	
1		underlying couse lost.								
	NO	PARTS OTHER SIGNAFICANT	MA DI	DNIRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN	IN PART I (o	1
	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
7	IFIC						YEST NOT	IN CERTIFYII	NG CAUSES	OF DEATH?
3	CERI	210. ACCIDENT WAS UNDERLYING			- 1	21c. HOW INJURY OCCURRE		1		
4	AL	OR CONTRIBUTING CAUSE OF DE	1111	M. MONTH DA M.	Y YEAR	les politica all				
	MEDICAL	214 INJURY OCCURRED	21e. PLACE	OF INJURY		211. LOCATION				
	×	WHILE AT WORK AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC.)	SIREET	CITY OR TO	WN	COUNTY	STATE
U		220.1 certify that (I) (this hospi	tol) ottended th	e deceosed from_	1-	9 1979	to	-3 19	79.	thoy (1) (we) lost
4		sow the eogeoclive on 19 79, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated about the eoglid (did not) view the body after death.								
	10	276 ANGWATURE	1	/// A		DEGREE		THE P	22c, DATE	SIGNED
		allva/11/3	Jolden			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	8-	3-79
-		224 PHYSICIAN'S NAME (TYPE	RPRINTY			22e. ADDRESS	1111	1	1.1	-
		Hlva Si	aker			19 Ridge Ro	Westan	nder	ML	21157
	23a. B	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	co	DUNTY	STATE
Y		Burial	Aug.6,	1979	Damas	scus Meth.	Damascu;			
	24. FU	NAME Olin L. Mo	Lesworth	. Damascu	is. Ma		REC'D. BY REGISTRAF	LEV GON	AK'S SIGNATI	UKE
				,	-, -~	HUG	0 0 13/3	7		

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

- STATE

REGISTRAR

1 33 4 45 .A.T. Donney the same of any contract the foods of the contract of the c . The allerian Colors of the graduate of the state of the incian . Timon . Trunch Aloca a section of the section of th in ore entire eile . norement, del anome, al.

DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH (TYPE OR PRINT) Gilbert Andrew Wunder 8-3-1979 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 74 HRS MONTH Male Caucasian 1903 TO BIRTHPLACE STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY COUNTRY MARRIED NEVER MARRIED X Carroll County U.S.A. Maryland 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Farmino DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 Mt. Airy Pleasant View Nursing Home Retired-Farmer USUAL RESIDENCE (IF NURS) THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TIRE STREET ANDRESS 13d INSIDE CITY LIMITS? WOODBINE MARYLAND HOWARD 21797 Daisy Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Andrew Hartman Wunder Mary Elizabeth ADDRESS 160 WAS DECEASED EVER NU.S. ARMED FORCES 66 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-30-5682A no Rev. G. Ernest Wunder, 6213 Johnnycake Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 8 CAUSE OF DEATH Enter only one couse per line for (a), (b), and c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Creviliac anest DUE TO, OR AS A CONSEQUENCE OF with cardiac cerulthonia Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE O underlying couse last atheros TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 SEPSIS from infected decellitae CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T 58 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION ŏ 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (A) (this hospital) attended the deceased from saw the deceosed alive on obove (1)/we) (did) (did not) view the body after deoth. and that (our) opinion deoth accurred on the date and hour and from the causes stated DEGREE 22t DATE 100 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN should be deta with the State I IMPORTANT: II 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL Surial 8/6/79 Loudon Park Cemetery Saltimore. Maryland 24 FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, MdSo. DATE REC'D. BY REGISTRAR 256 F. DHMH - 16 60M 1/75

Witzke Funeral Home of Catonsville, P.A.

- STATE

(VR A 15 (4))

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGTENE

CERTIFICATE OF DEATH

21228

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